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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisiona	l annlicatione u	nder 37 i	CER 1	52/hl

Attorney Docket No.	2156 CON IV (203-2287 CON IV)
First Inventor	Nicholas et al.
Title	ANASTOMOSIS INSTRUMENT AND METHOD
Express Mail Label No.	EV349838416US

See MPEP	APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop P	ner for Patents atent Application 150 VA 22313-1450			
2. Applic See 3 3. Specii (prefer - Desc - Cross - State - Refee or a c - Back - Brief - Detai - Claim		7. CD-ROM or CD-R in duplic Computer Program (Appen 8. Nucleotide and/or Amino Acid S (if applicable, all necessary) a. Computer Reader For b. Specification Sequen i. CD-ROM or CD ii. Paper	ate, large table or dix) lequence Submission Im (CRF) ce Listing on: In-R (2 copies); or identity of above copies			
4. Drawi 5. Oath or Dec a. Ne b. Co (fo. i. App	py from a prior application (37 CFR 1.63(d)) r continuation/divisional with Box 18 completed)  DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  lication Data Sheet. See 37 CFR 1.76	·	nt Power of Attorney ment (if applicable) Copies of IDS Citations  (MPEP 503) Emized) Document(s) ed) under 35 U.S.C. 122 st attach form PTO/SB/35			
specification for Continuous Prior application	Construction Construction of prior application No.					
5b, is considere	ION OF DIVISIONAL APPS only; The entire disclosure of the dapart of the disclosure of the accompanying continuation on can only be relied upon when a portion has been inadver	or divisional application and is hereby in tently omitted from the submitted applica	ncorporated by reference.			
19. CORRESPONDENCE ADDRESS						
Custome	Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  OR Correspondence address below					
Name						
United States Surgical, a Division of Tyco Healthcare Group LP						
150 Glover Avenue						
Country	Norwalk To	<del></del>	1 00000			
		203-845-1000	203-643-4266			
Name (Print/Ty Signature	(pe) Edward C. Meagher	Registration No. (Attorney/Agent)	41,189			
Gigitature			Date 8/18/03			

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 18, 2003

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## **FEE TRANSMITTAL** for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

121	750	$\Delta \Delta$

Compl te if Known				
Application Number	Unassigned			
Filing Date	Herewith			
First Named Inventor	Nicholas et al.			
Examiner Name	Not Yet Assigned			
Art Unit	3731			
Attorney Docket No.	2156 CON III (203-2287 CON IV)			

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)						
Check Credit card Money Other None	3. A	3. ADDITIONAL FEES				
Deposit Account:	<u>Large</u>	Large Entity   Small Entity				
Donosit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number 50-2140	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account Name Carter, DeLuca, Farrell & Schmidt, LLP	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	<b> </b>
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	<del> </del> -
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	<b>!</b>
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	410	2252	205	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	930	2253		Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1	1.450	2254	725	Extension for reply within fourth month	
Code (\$) Code (\$)	1255	1,970	2255	985	Extension for reply within fifth month	
1001 750 2001 375 Utility filing fee 750.00	1401	320	2401		Notice of Appeal	
1003 520 2003 260 Plant filing fee	1402	320	2402		Filing a brief in support of an appeal	
1004 750 2004 375 Reissue filing fee	1403	280	2403		Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 750.00	1452	110	2452		Petition to revive - unavoidable	
	1453	1,300	2453	650	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	470	2502	235	Design issue fee	
Total Claims 8 -20** = 0 X 18 = 0.00 Independent 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1503	630	2503	315	Plant issue fee	
Claims 2 - 3" = 0 X 04 = 0.00	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent 280 =	1807	50	180	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity Fee Fee Fee Fee Fee Description	1806	180	180		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	[
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	280	9 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	281	0 375	For each additional invention to be examined (37 CFR 1.129(b))	
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 0.00			ecify) _			<u></u>
**or number previously paid, if greater; For Reissues, see above	*Red	uced by	Basic	Filing F	ee Paid SUBTOTAL (3) (\$)	]
	_==	==	==	==		===

SUBMITTED BY			(Complete	(if applicable)
Name (Print/Type)	Edward C. Meagher	Registration No. (Attorney/Agent) 41,189	Telephone	(631) 501-5708
Signature			Date	8/18/2003

CERTIFICATION UNDER 37 C.F.R. § 1.10

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